Department of Labor and Workforce Development
Labor Standards and Safety Division
Wage and Hour Administration
1251 Muldoon Road, Suite 113
Anchorage, Alaska 99504
www.labor.alaska.gov/lss/whhome.htm
Phone: 269-4909 Fax: 269-4915

OVERTIME LIMITATIONS NURSE COMPLAINT FORM

Date:_____

Claimant Name:_____

Address:_____

Phone:_____   **Cell:**_____

E-mail Address:_____

Name of Health Care Facility:_____

Address:_____

Phone:_____   **Fax:**_____

Printed Name of Supervisor:_____

"on-call" means a status in which a nurse must be ready to report to the health care facility and may be called to work by the health care facility;

"overtime" means the hours worked in excess of a predetermined and regularly scheduled shift that is agreed to by a nurse and a health care facility;

Date of alleged violation:_____

Were you *asked* or *directed* to work past your predetermined regularly scheduled shift? _____

Did you agree to work past your predetermined regularly scheduled shift? _____

Did you work past your predetermined regularly scheduled shift?_____

Who asked/directed you? (Name and Title)_____

Phone:_____   Fax:_____

Are you represented by a union? _____If so, name, address and phone number of the union:
_____
_____

Please describe the circumstances surrounding their request for you to work past your predetermined regularly scheduled shift? _____
_____
_____
_____
_____
_____

What was your scheduled shift on the date of the alleged violation: From _____to_____

What is your regularly scheduled shift?

Sun	Mon	Tue	Wed	Thur	Fri	Sat
Sun	Mon	Tue	Wed	Thur	Fri	Sat

Did anyone else witness/overhear the request? If so, who?

Name:_____Phone:_____

Name:_____Phone:_____

This information given is true and correct to the best of my knowledge.

Printed Name:_____

Signature:_____   Date:_____

Date provided to facility:_____ By:_____

Accepted by _____Date:_____

Claim Assigned to_____Date:_____